



Borough of Somerset

Incorporated 1804
A Council – Manager Form of Government
P.O. Box 71, 347 West Union Street, PA 15501-0071
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ZONING PERMIT APPLICATION

OFFICE USE

Zoning Permit No.: _____ Zoning District: _____ Permit Fee: \$ 25.00

Map No.: _____ Parcel No.: _____ Lot Size: _____

Lessor/Applicant: _____ Phone No.: _____

Lessor/Applicant Address : _____

Owner: _____ Phone No.: _____

Owner Address: _____

Property Location (if different from above): _____

Detailed Description of Proposed Use(s): _____

(examples: new construction, remodeling, pool, decks, garages, sheds)

Applicant Signature: _____ Date: _____

Please Print Name: _____

The Zoning Officer has 15 days from the receipt of this application to render a decision.

Building Code Official

Approval Date

Date Paid

Check Number

For more information regarding building permits/zoning visit our website: www.somersetborough.com